2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# F92000000682

Entity Name: IGT (INC)

Current Principal Place of Business:

9295 PROTOTYPE DRIVE
RENO, NV 89521 US

New Principal Place of Business:

Current Mailing Address:

9295 PROTOTYPE DRIVE
RENO, NV 89521 US

New Mailing Address:

FEI Number: 88-0062109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KARRELS, EUGENE
3361 EXECUTIVE WAY
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: MATHEWSON, CHARLES N COB
Address: 8475 DIERINGER DR
City-St-Zip: RENO, NV 89511 US

Title: PD ( ) Delete
Name: BAKER, G THOMAS CEO
Address: 1620 CIRCLE DRIVE
City-St-Zip: RENO, NV 89509 US

Title: DVS ( ) Delete
Name: BROWN, SARA BETH SR.VP
Address: 5150 SLEEPY HOLLOW
City-St-Zip: RENO, NV 89502 US

Title: S ( ) Delete
Name: CREIGHTON, J. KENNETH ASST.SC
Address: 2465 DUBLIN COURT
City-St-Zip: RENO, NV 89509 US

Title: VT ( ) Delete
Name: MULLARKEY, MAUREEN CFO
Address: 1410 NIXON AVENUE
City-St-Zip: RENO, NV 89509 US

Title: O (X) Delete
Name: MATTHEWS, THOMAS J COO
Address: 8401 EAGLE EYE AVENUE
City-St-Zip: LAS VEGAS, NV 89128 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: BAKER, G. THOMAS COB
Address: 1620 CIRCLE DRIVE
City-St-Zip: RENO, NV 89509 US

Title: PD (X) Change ( ) Addition
Name: MATTHEWS, THOMAS J CEO
Address: 10309 SUMMIT CANYON DRIVE
City-St-Zip: LAS VEGAS, NV 89144 US

Title: DVS (X) Change ( ) Addition
Name: JOHNSON, DAVID D SR.VP
Address: 2004 BAY HILL DRIVE
City-St-Zip: LAS VEGAS, NV 89117 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID D. JOHNSON DVS 04/28/2004

Electronic Signature of Signing Officer or Director — Date